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**CONFIRMATION NO. 8309** 

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APPLICANTS									
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** CONTINUING DATA **	**************************************	ior 7/7	1/05						
** FOREIGN APPLICATION	ONS ************************************	inR							
IF REQUIRED, FOREIGN ** 09/29/2003	N FILING LICENSE GRANT								
Foreign Priority claimed  yes  no  35 USC 119 (a-d) conditions met  yes  Met after Allowance  Verified and Acknowledged  Examiner's Signature  Initials			STATE OR	SI	SHEETS		OTAL	INDEPENDENT	
			COUNTRY WA	DR	RAWING 34		AIMS 53	CLAIMS 7	
ADDRESS 26119 KLARQUIST SPARKMAN 121 S.W. SALMON STRE SUITE 1600 PORTLAND , OR 97204									
TITLE Intermediate representation	ion for multiple exception ha	andling mc	odels						
	•	•			☐ All Fees				
					1.16	Fees (F	iling )		
FILING FEE FEES	S: Authority has been given to charge/credit I	in Paper DEPOSIT	ACCOUNT	!	1.17	Fees (P	rocessing	g Ext. of time )	
RECEIVED No 1680	for following:		, , , , , , , , , , , , , , , , , , ,	!	1.18	Fees ( Is	ssue)		
				1	Other	<u> </u>			
					☐ Credit				